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Substitute for Form PTO-875									Application or Docket Number 09009299		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL I	ENTITY	OR	OTHE SMALL	R THAN ENTITY
	FOR	NUME	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	555
	SIC FEE CFR 1.16(a))		1 mg					s	OR	70.112	FEE
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =				V				+
INDEPENDENT CLAIMS		MS					X \$=		OR	× \$=	
(37	CFR 1.16(b))	ga esta de d	minus 3 =		1		× \$=		OR	X \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED – PART IIBEST AVA (Column 1) (Column 2) (Column 3)							TOTAL		OR	TOTAL	
	C	LAIMS AS AM	ENDED	– PART II B	EST AVA	11	ADIF				
	10.0	(Column 1)	••••	(Column 2)	(Column 3)	VIL	ADLE (SMALL É	OPY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD:
	Total (37 CFR 1.16(c))	20	Minus	20	=		x \$ =		OR	x \$ =	FEE
	Independent (37 CFR 1.16(b))	3	Minus	··· 3	=		x \$=		OR	x \$_ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$ =	·	OR	+ \$ =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)	•	(Column 2)	(Column 3)		•				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
	Total (37 CFR 1.16(c))	•	Minus	••	=		x \$ =		OR		
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	ı	x \$ =				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						^ \$		OR	X \$=	
	TINOTFICELLI	ATION OF MIDERIFE	LOEFEND	ENT CLAIM (37 CF	-R 1.16(d))	L	+ \$ = TOTAL		OR	+ \$ = TOTAL	
				AS			ADD'L FEE		OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	_	<u> </u>				·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
	Total (37 CFR 1.16(c))	•	Minus	4 1	=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	t	x \$ =	=		x \$ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR OR		
TOTAL									OR	+ \$= TOTAL	
•	If the entry in co	blumn 1 is less than	n the entr	vin column 2 weit	e "N" in column 3	2	ADD'L FEE		OR	ADD'L FEE	
••	If the "Highest N	Number Previously	Paid For"	IN THIS SPACE	is less than 20, e	ente	r "20".				

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.